

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

ADDRESS (number and street)

1111 North Fairfax St.

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00012880

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2006

through

02

28

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr David Mason

Signature of Treasurer

Electronically Filed by Mr David Mason

Date

03

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		383492.14
(b) Cash on Hand at Beginning of Reporting Period	378181.72	
(c) Total Receipts (from Line 19)	44472.41	65211.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	422654.13	448704.13
7. Total Disbursements (from Line 31)	0.00	26050.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	422654.13	422654.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M M D D Y Y W Y
0 2 0 1 2 0 0 6

To:

M M D D Y Y W Y
0 2 2 8 2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27655.00	33655.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	15908.00	29699.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	43563.00	63354.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	43563.00	63354.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	909.41	1857.99
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44472.41	65211.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44472.41	65211.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	26050.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	26050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		0.00	26050.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	43563.00	63354.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43563.00	63354.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Mr. Patrick David Wempe

Mailing Address 5270 Heatheridge Dr

City State Zip Code
Newburgh IN 47630-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12792994

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Belinda Hays

Mailing Address PO Box 1192

City State Zip Code
Seymour IN 47274-3792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Physical Ther-
apy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12791750

Amount of Each Receipt this Period

4000.00

C. Full Name (Last, First, Middle Initial)
Scott Silverman

Mailing Address 2600 Far Hills Ave Suite 103

City State Zip Code
Dayton OH 45419-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physio Therapeutics

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12792494

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Mr. Drew G Bossen
Mailing Address 4191 Westcott Dr NE

City State Zip Code
Iowa City IA 52240-7788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Progressive Rehab Associa-
tes

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12791739

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven Cassabaum
Mailing Address 62944 Sunset Drive

City State Zip Code
Nevada IA 50201-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Rehab

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12791741

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Margaret M. Grey
Mailing Address 10 Drummond Rd

City State Zip Code
Enfield CT 06082-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grey Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12791749

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Mr. Randall G. Johnson
Mailing Address 11212 94th Ave E

City State Zip Code
Puyallup WA 98373-3662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apple Physical Therapy

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12791752

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Craig Legacy
Mailing Address 29803 Santa Margarita Pkwy

City State Zip Code
Rancho Santa Marga CA 92688-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
RSMPT & Sports Medicine

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12791805

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Jeffery C. Schade
Mailing Address 924 W Custer

City State Zip Code
Pontiac IL 61764-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Champion Fitness MRC

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 6

Transaction ID: 12792235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Mr. Paul A Rockar, Jr. Mailing Address 625 Walnut Street City State Zip Code Mc Keesport PA 15132-2806 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 Transaction ID: 12774448 Amount of Each Receipt this Period 2500.00
Name of Employer Centers for Rehab Services Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			
B. Full Name (Last, First, Middle Initial) Mr. John Bonaroti Mailing Address 5594 Fieldstream Drive City State Zip Code Export PA 15632-9219 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6 Transaction ID: 12801053 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			
C. Full Name (Last, First, Middle Initial) Ms. Leza Lattimore Hatch Mailing Address 930 Olive Drive Unit 59 City State Zip Code Bakersfield CA 93308-4182 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 Transaction ID: 12844635 Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Ms. Patricia Young Naylor

Mailing Address 3535 Pierland Drive

City State Zip Code
Pocahontas IL 62275-1541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryville University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844374

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Ramona Ann Carper

Mailing Address 58 Timber Ridge Way

City State Zip Code
Corbin KY 40701-6299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844704

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Timothy Schell

Mailing Address 201 B Erie Street

City State Zip Code
Grove City PA 16127-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844608

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Mr. Karl Robert Gibson		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 4275 Old New England Road		Transaction ID: 12844706
City Allison Park	State PA	
Zip Code 15101-1533		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Ms. Mary C Sinnott		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 66 East Plumstead Ave		Transaction ID: 12844598
City Lansdowne	State PA	
Zip Code 19050-1432		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Temple University	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Mark Dwyer		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 14117 West 138 Place		Transaction ID: 12844623
City Olathe	State KS	
Zip Code 66062-5879		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Ms. Bobbie Hurt

Mailing Address 1810 Tremont St

City State Zip Code
Galveston TX 77550-7904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844675

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Stuart Lemaster Hunter

Mailing Address 123 Houston St

City State Zip Code
Clemson SC 29631-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844688

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mrs Pamela G Phelps

Mailing Address 1038 Von Trina Road

City State Zip Code
Elberton GA 30635-4567

FEC ID number of contributing
federal political committee.

C

Name of Employer
PJ Therapy Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844375

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Mrs Pamela G Phelps
Mailing Address 1038 Von Trina Road

City State Zip Code
Elberton GA 30635-4567

FEC ID number of contributing
federal political committee.

C

Name of Employer
PJ Therapy Services

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844670

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Jeff Paul Brown
Mailing Address 11280 Vista Sorrento Parkway
Apt. P301

City State Zip Code
San Diego CA 92130-7637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844682

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. David L Mallgrave
Mailing Address 2684 Caldar Ave

City State Zip Code
Beaumont TX 77702-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844631

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Ms. Jane K. Okubo
Mailing Address 6711 Rappahannock Way

City State Zip Code
Carmichael CA 95608-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844594

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Marcia B. Smith
Mailing Address Mail Code G-4 Physical Therapy De
3333 Regis Blvd

City State Zip Code
Denver CO 80221-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regis University

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844667

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert R Huhn
Mailing Address 1348 Crestline Drive

City State Zip Code
Santa Barbara CA 93105-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844371

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Mr. James M Dunleavy

Mailing Address 486 Cumberland Avenue

City State Zip Code
Teaneck NJ 07666-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinitas

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844714

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr Dennis Spillane

Mailing Address 5136 Mount Ararat Drive

City State Zip Code
San Diego CA 92111-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844666

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Patricia McAdoo

Mailing Address PO Box 140350

City State Zip Code
Anchorage AK 99514-0350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12844640

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Ms. Kathryn M Lyons Mailing Address 6323 Johnson Street City State Zip Code McFarland WI 53558-9228 FEC ID number of contributing federal political committee. C Name of Employer University of Wisconsin Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12844369 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		1	3		2	0	0	6																							
500.00																																
B. Full Name (Last, First, Middle Initial) Ms. Louise D. Yurko Mailing Address 123 Buena Vista City State Zip Code Newport NC 28570-8119 FEC ID number of contributing federal political committee. C Name of Employer Carteret Physical Therapy Associates Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12844694 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		1	3		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) Dr. Laurita M Hack Mailing Address 415 Gatcombe Ln City State Zip Code Bryn Mawr PA 19010-3629 FEC ID number of contributing federal political committee. C Name of Employer Temple University Occupation PT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12844691 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		1	3		2	0	0	6																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Ms. Cheryl Resnik			Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1540 East Alcazar Street CHP 155			Transaction ID: 12844643	
City State Zip Code Los Angeles CA 90089-0103			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer University of Southern California		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Ms. Cheryl Resnik			Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1540 East Alcazar Street CHP 155			Transaction ID: 12844644	
City State Zip Code Los Angeles CA 90089-0103			Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C				
Name of Employer University of Southern California		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00		
C. Full Name (Last, First, Middle Initial) Ms. Christine Chase			Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 7754 Mulberry Ln			Transaction ID: 12844701	
City State Zip Code Naples FL 34114-9443			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00		

SUBTOTAL of Receipts This Page (optional)

1105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Mr. Peter J McMenamin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 55 E Washington St Suite 1320		Transaction ID: 12870540
City State Zip Code Chicago IL 60602-2561	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Physical Therapy Chicago	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Mark Dwyer		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 14117 West 138 Place		Transaction ID: 12882009
City State Zip Code Olathe KS 66062-5879	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

C. Full Name (Last, First, Middle Initial) Mr. Lee Elliott Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 20 Crossroads Drive Suite 13		Transaction ID: 12882645
City State Zip Code Owings Mills MD 21117-5479	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation PT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)

Ms. Gwendolyn Simons

Mailing Address 7 Fengler Road

City State Zip Code
 Scarborough ME 04074-8490

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Physical Ther-
apy Associate

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 6

Transaction ID: 12882053

Amount of Each Receipt this Period

5.00

B. Full Name (Last, First, Middle Initial)

Ms. Cheryl Resnik

Mailing Address 1540 East Alcazar Street CHP 155

City State Zip Code
 Los Angeles CA 90089-0103

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Southern Ca-
lifornia

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 6

Transaction ID: 12882055

Amount of Each Receipt this Period

5.00

C. Full Name (Last, First, Middle Initial)

Ms. Jill Michele Tomasello

Mailing Address 64 Hunting Ridge Road

City State Zip Code
 Stamford CT 06903-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced PT Center

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 6

Transaction ID: 12935034

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)

Ms. Janet L. Downey

Mailing Address 4585 Lancaster Dr

City State Zip Code
 Clarkston MI 48348-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 6

Transaction ID: 12935497

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mr. Charles Smith

Mailing Address 2576 Sheridan Rd

City State Zip Code
 Petoskey MI 49770-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Michigan Sports
Medicine

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 1 / 2 0 0 6

Transaction ID: 12935075

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)

Mr. Paul D. Gaspar

Mailing Address 748 Lynwood Drive

City State Zip Code
 Encinitas CA 92024-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
PT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 6

Transaction ID: 12939401

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Mr. Billy Butch		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 2478 Hitching Post Drive		Transaction ID: 12950956	
City Allison Park	State PA	Zip Code 15101-2915	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Craig J Millham		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 3617 Brittany Drive		Transaction ID: 13383380	
City Jackson	State MO	Zip Code 63755-3786	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation PT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

27655.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 22

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address Old Town Branch
King Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1857.99

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13416861

Amount of Each Receipt this Period

909.41

SUBTOTAL of Receipts This Page (optional)

909.41

TOTAL This Period (last page this line number only)

909.41